Laying the Keel of Navy Medicine: The Board of Consultation and the Origin of the Manual of the Medical Department

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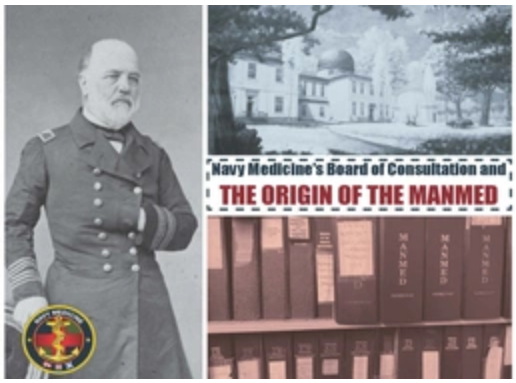

Tucked away in a display case located in the command suite at the Bureau of Medicine and Surgery (BUMED) in Falls Church, Virginia, lies an unassuming relic: a small, beige book of instructions dated 1917. The casual visitor may walk past this humble relic without thinking twice about its significance, but its familiar title—The Manual of the Medical Department (MANMED)—offers a stark reminder that organizational policies and guidance have long been a part of Navy Medicine's history. In fact, the MANMED has been a constant presence for almost as long as there has been a BUMED.

The story of the MANMED begins over 180 years ago—in 1844—just months into the administration of BUMED's new chief, Surgeon Thomas Harris, and only two years after the founding of the Navy bureau system—and with it the Bureau of Medicine and Surgery.

Although Navy Medicine's beginnings date back to the appearance of shipboard surgeons and surgeon's mates aboard the first naval warships, the organization truly came to life with the establishment of BUMED on Aug. 31, 1842. As the administrative engine for Navy Medicine, BUMED unified all aspects of naval healthcare—logistics, facilities, and personnel—under a single command. Centralizing Navy Medicine under BUMED necessitated the creation of a definitive, uniform set of rules and guidelines.

On May 1, 1844, Surgeon Harris—ostensibly "at the request" of the Secretary of the Navy John Mason—convened a medical board to make recommendations for improving how Navy Medicine operated. This 3-person board was comprised of three senior physicians—Surgeons John Kearney, William S.W. Ruschenberger, and J. Vaughan Smith. In his letter to these selectees, Harris wrote:

"You have been called to Washington as a board of consultation and advice to aid in a more perfect organization of this Bureau. I therefore respectfully submit for your consideration and revision the various forms and schedules which have been and are still at present in use in the transaction of business. Some of them are well arranged and useful, and will require little or no attention. Some of them may require new modelling altogether, I submit entirely to your judgement. . . Besides the mere accounting business of this Bureau, in which I have required your advice, I should also be gratified with any suggestions which may be considered more strictly speaking professional."

Kearney, Ruschenberger and Smith were among the most accomplished Navy physicians of their day.

Kearney had served in the Navy since 1809 and his career included a tour as surgeon's mate aboard USS Constitution during its legendary engagements with the HMS Cyane and HMS Levant in February 1815. At the time of appointment, he was serving as the president of the Board of Naval Surgeons where he oversaw the examination of civilian physicians seeking naval commissions as well as Navy assistant surgeons seeking promotion to surgeon.

Ruschenberger's Navy career dated back to 1826. Over the next 18 years he served on numerous deployments including a tour as fleet surgeon for the East Indies Squadron. He was also a prolific author, having published several first-person accounts including Sketches in California, 1836, Narrative of a Voyage Round the World

During the Years 1835, 36, and 37, and later a series of popular books about natural history. At the time of his appointment, he was commanding the Naval Hospital Brooklyn, New York.

And finally, Smith, the most junior of the three, obtained his naval commission in 1829 and soon after established a reputation for professionalism and skill on his deployments at sea. In the 1830s, he served in charge of the naval hospital in Port Mahon, Minorca—which was at the time the U.S. Navy's only overseas hospital.

Of these medical officers, Ruschenberger had been the most outspoken in improving Navy Medicine, and elevating the plight of its personnel. The BUMED letter books at the National Archives are full of Ruschenberger's missives. In September 1842, after Surgeon William P.C. Barton was appointed as the first chief of BUMED, he wrote to Ruschenberger to elicit his thoughts on the new bureau's priorities.

Ruschenberger clearly had strong opinions on these matters and outlined numerous recommendations in a 15-page letter that included defining the roles of medical officers by duty station; establishing libraries (ashore and aboard ships) with access to current literature to ensure officers had up-to-date medical knowledge; encouraging publication of experiences in order to contribute to general medical knowledge of civilian and military physicians; demanding a strict auditing of accounts for medicine, equipment and other supplies; and requiring all medical officers to keep detailed professional journals that would both document their experiences but also serve as lessons learned for more junior officers. These recommendations would help set the stage for the work of the board and were again recommended by Ruschenberger in 1844.

By order of the Secretary of the Navy John Y. Mason, the "consultation board" was assigned to the Navy Department office in Washington, D.C., then located in a two-story brick building on the east side of 17th street, N.W., facing south towards the Chesapeake & Ohio Canal (later Constitution Avenue); the building also housed the (then) five Navy bureaus, including BUMED. The board quickly got to work reviewing existing forms issued to Navy physicians on requisitions, as well as forms designed to ensure accountability and an accurate medical record, guidance on reporting medical and surgical cases, BUMED circulars, treatment of epidemic and endemic diseases, and anything that "may contribute to the advancement of science, or the elevation of the character of the [Medical] Corps."

The board completed their review on May 14, 1844, and submitted their final proposals to Harris which he adapted into a document he titled the Instructions for the Government of the Medical Officers of the Navy of the United States. After approval by Secretary Mason, 400 copies were printed and distributed to Navy surgeons, line commanders, and federal agencies in August 1844. The Instructions contained guidance on how to keep books and records, prepare forms for submission to BUMED, as well as how to obtain, care for, and dispose of supplies, rules governing the duties and procedures of medical officers, allowance tables, contents for medicine chests, nomenclature of diseases (i.e. diagnostics).

The publication marked a significant milestone in Navy Medicine, formally institutionalizing the roles and procedures of the Navy Medical Department. It also represented the first comprehensive—and centralized—set of instructions for Navy medical officers by BUMED.

The Instructions established a clear chain of command and detailed the duties of medical officers regarding the care of the sick and wounded aboard naval vessels and at shore installations. Key areas included:
• Administrative and reporting duties. Medical officers were required to maintain detailed records, specifically a journal noting all cases, treatments, and dietary prescriptions (e.g., "full," "half"). They were also responsible for keeping a record of their own service.
• Requisitions and supplies. It established a "table of allowances" (Form A) as a guide for making requisitions for medical outfit and supplies. Strict rules were laid down for procuring fresh provisions and other articles of diet for the sick, requiring approval and discouraging "profuse expenditure." Requisitions, particularly in squadrons, had to be approved by the fleet surgeon and the commander-in-chief of the squadron.
• Financial accountability. Surgeons were tasked with preparing quarterly bills in triplicate for all procured supplies, certifying to their correctness, and forwarding them to BUMED for approval and payment.
• Official communication. All official communications from medical officers to the Navy Department were to be

routed through BUMED.

As the Navy Medical Department continued to evolve to meet the needs of the fleet it became apparent that the Instructions also required updating. Throughout its history a hallmark of this publication is that it's a living document that is continually updated and adapted to the needs of the service. New editions were published every few years. In 1867, it was published under a new title, Instructions for Medical Officers of the United States Navy. And in 1914, it was first published—and thereafter be known —as the Manual of the Medical Department, U.S. Navy (MANMED).

For much of its history, a new edition of the MANMED was considered by some a "noteworthy event." In his report to the Secretary of the Navy dated 1906, Rear Adm. Presley Rixey, the Navy Surgeon General, underscored its value by stating that: ". . .it is a source of satisfaction to the Bureau [of Medicine and Surgery] to realize that its efforts to secure its publication of this important manual have been successful and that the book is in the hands of every medical officer. The uniformity of procedure in the discharge of medical duties therein prescribed will secure more accurate records, more intelligent apprehension of service requirements, and more satisfactory results in the performance of the special duties devolving upon the Medical Department in its supervision of the sanitary interests of the service."

This "uniformity of procedure" continues to this day.

Today, MANMED holds the distinction as the oldest Navy medical document in continuous publication. And after more than 30 editions with countless changes, MANMED remains a vital part of Navy Medicine—a constantly revised document ensuring the operational readiness, administrative accountability, and professional standards of the entire Navy Medicine Enterprise.

For 250 years, Navy Medicine—currently represented by more than 44,000 highly-trained military and civilian health care professionals as well as experienced support staff—has delivered quality healthcare and enduring expeditionary medical support to the warfighter on, below, and above the sea and ashore.

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